1.5. DEPARTMENT OF HEALTH, EDUCATION, AND RELEARE PUBLIC HEALTH SERVICE A REAU OF DISEASE PREVENTION AND ENVIRONMENTAL CONTROL NATIONAL COMMUNICABLE DISEASE CENTER Allania, Georgia, 30333

	107				
FORM APPROVED BUDGET BUREAU	NO. 68-R55				

NATIONAL PSITTACOSIS SURVEILLANCE REPORT

		DO NOT WRITE								
	Patient's Name	(Last)	(First)	(Middle)	Age	Sex	White Negro	Other (Specify)		
PERSONAL DATA							National derivati	on:		
	Present Address	(Street or	Rural Address)	(Ci	ty or To	en)	(County)	(State)		
PE.	Usual Residence (If different)	Usual Residence (Street or Rural Address) (City or Town) (County) (State)								
	Date of onset									
PRESENT ILLNESS	Brief clinical description: (Symptoms and signs, maximum temperature, etc.)									
	Outcome of case:	Outcome of came: Recovered Died Date of death								
STIC S	Complement fixat (Specify antigen:	101	Collected	Results			Name and Locat	ion of Laboratory		
	Acute stage Early convales			tre) tre)		<u>.</u>				
EST	Late convalence			tre)	+					
DIAGNUST TESTS	Virus isolation									
111	(Specimen:)	1							
<u>٦</u>	Chest x-rays	I	ate Res	ults						
	Venereal Discase	history ² :	□ No □ Ye	s; give date a	nd diag	nosis	:			
Ì	Occupation at date of onset Job Address									
	Specific duties									
NO		the following	ng contacts t	he patient had	during	the	5 weeks prior to or	iset:		
ľľ	☐ Birds	pproximate number:								
(A)	PigeonsAp									
E	□ Domestic fowl; species:							proximate number:		
INFORMATION	Were birds apparently in good health? Yes No (If not, please elaborate):									
	Human case of Paittacosis; name:									
TA(Other ⁵ ; specify:									
CONTACT	Indicate where exposure occurred (Specify the Type of Batablishment, such as 1 - private home, 2 - private aviary, 3 - commercial aviary, 4 - pet shop, 5 - bird loft, 6 - poultry setablishment, etc. If the patient had multiple									
AND	contacts, specify to what he was exposed at each place of exposure):									
- 1	Type of Establishment Owner and Address to Indoors Ou									
STORY						ļ				
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		1								
PHS	4.93 (CDC)	i				1	ı	• ,		

	Species Tested	Number of Specimens		Owner of S	pecimens	Results	Name and Loc	ation of Laboratory
Virus isolation					_			
Serologic test								,
are shown by	y laborator ibsequently ction at an	y methods to purchased by place who	to be infector or obtained the contract of the	ted, it is d by the pr we been de	important resent own tained min	t to learn whe ner. These bi nce hatching;	re these birds rds may have ac	or if any such birds originated, and where quired a latent fors the address of every
			·	·				
·								
	of human s	-	illness ob	served in o	connection	with this po	saible source:	
(A Investigator		SITTACOSIS	SURVEILLAN	ICE REPORT	Title	completed for ev	Addres	· · · · ·
Date(s) of i		.ов	<u> </u>		1			· · · · · · · · · · · · · · · · · · ·
Investigator	's impress	ion of case	: Confirm	ed Pre	sumptive		ic Problem 🗌	Not Paittacoais
rks:			•	,		·		
he wirus caus he complement iwen consider et psittacine arakeets or b nd parolets. ther birds wh	ing paitta fixation sation when birds in oudgerigars with have b	test gives interprets the U.S. us, African g	age to a gr a group re ing these I mually incl grays, cock	oup designs action for aboratory x ude parrots atoos, cock	ted as the these discending (Amazons ateels, 1	e lymphogranu eases. Clini , Mexican dou! .ove birds, lo	loma venereum-p cal and epidemi ble-heads, etc. ries, lorikeets	ay be demonstrated. sittacosis group. clogic findings are parakeets, shell macaws, roseless, s, in addition to
any species o sittacosis-li ource of infe	ke viruses	have been	found in s	pecies other	r than bi	rds. Therefor	re, if there is	doubt as to the

poratory specimens should be obtained and prepared according to instructions of your State Laboratory. The specimens may be forwarded ough the State Laboratory to the National Communicable Disease Center, Atlanta, Georgia 30333, Attn: Virology Section, Laboratory Improvent Program.